

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION
FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)
AKG280003
PERMIT NUMBER
001
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30

FROM (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge
NOTE: Read instructions before completing this form

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-43)	QUANTITY OR LOADING (44-46)			QUALITY OR CONCENTRATION (47-49)			NO. EX. ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE (71-72)
		AVERAGE (44-45)	MAXIMUM (46-47)	UNITS (48-49)	AVERAGE (47-48)	MAXIMUM (49-50)	UNITS (51-52)			
DRILLING FLUIDS & DRILLING CUTTINGS - SPP TOXICITY - 96 HOUR LC50	SAMPLE MEASUREMENT PERMIT REQUIREMENT				3000				ONCE/MONTH	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - FREE OIL	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT MO TOTAL		DAILY	VIS
DRILLING FLUIDS & DRILLING CUTTINGS - FREE OIL	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT MO TOTAL		DAILY	SS
DRILLING FLUIDS & DRILLING CUTTINGS - DIESEL OIL	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT		ONCE/WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - MERCURY	SAMPLE MEASUREMENT PERMIT REQUIREMENT					1.0	mg/kg		ONCE/YEAR	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - CADMIUM	SAMPLE MEASUREMENT PERMIT REQUIREMENT					3.0	mg/kg		ONCE/YEAR	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - CHROMIUM VI	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT		ONCE/WELL	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
VINCENT C. ROES										
SUPPL. - EP AMER. - SEPSCO										
TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										
RIG NOT ON LOCATION										
EPA Form 3320-1 (10-96)										

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION SUBMITTED IS TRUE AND CORRECT. I AM NOT PROVIDING FALSE INFORMATION TO THE PUBLIC OR TO ANY OTHER PERSONS. I AM NOT PROVIDING FALSE INFORMATION TO THE PUBLIC OR TO ANY OTHER PERSONS. I AM NOT PROVIDING FALSE INFORMATION TO THE PUBLIC OR TO ANY OTHER PERSONS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
907 770-3700 08 10 09

Form Approved.
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001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	01	TO	08	09	30

☒ Check here if No Discharge

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PARAMETER (32-37)	X SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
DRILLING FLUIDS & DRILLING CUTTINGS - SILVER										
DRILLING FLUIDS & DRILLING CUTTINGS - THALLIUM	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT	g/L	ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - TOTAL AQUEOUS HYDROCARBONS (TAGH)	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT	g/L	ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - TOTAL AROMATIC HYDROCARBONS (TAH)	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT	g/L	ONCE/ WELL	GRAB
DRILLING FLUIDS & DRILLING CUTTINGS - TOTAL VOLUME	SAMPLE MEASUREMENT PERMIT REQUIREMENT		REPORT	BBLs					ONCE/ MONTH	EST
DRILLING FLUIDS & DRILLING CUTTINGS - DISCHARGE RATE	SAMPLE MEASUREMENT PERMIT REQUIREMENT		SEE PERMIT	BBLs/ HR					ONCE/ MONTH	EST
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
I CERTIFY, UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION IS TRUE AND CORRECT. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years).										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								907 770-3700 08 10 09		
TYPED OR PRINTED								AREA CODE NUMBER YEAR MO DAY		

PAGE OF

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ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION
FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-19)

AKG280003	003
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30

FROM (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (48-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX. ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
SANITARY WASTES - FLOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT		REPORT	MGD							DAILY MEAS
SANITARY WASTES - BOD5	SAMPLE MEASUREMENT PERMIT REQUIREMENT					30	60	mg/L		ONCE/WEEK	GRAB/COMP
SANITARY WASTES - TSS	SAMPLE MEASUREMENT PERMIT REQUIREMENT					30	60	mg/L		ONCE/WEEK	GRAB/COMP
SANITARY WASTES - FLOATING SOLIDS & GARBAGE	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS
SANITARY WASTES - FOAM	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS
SANITARY WASTES - OILY SHEEN	SAMPLE MEASUREMENT PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS
SANITARY WASTES - pH	SAMPLE MEASUREMENT PERMIT REQUIREMENT				6.0		9.0	s.u.		ONCE/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
VINCENT C. ROES											
SUPT. - EP AMER. - SEPCO											
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED BY OR UNDER THE DIRECT SUPERVISION OF AN INDIVIDUAL WHO IS EMPLOYED BY THE PERMITTEE AND THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM NOT PROVIDING ANY INFORMATION THAT I AM PROVIDING TO THE PUBLIC OR TO ANY OTHER PERSON OR ENTITY. I AM NOT PROVIDING ANY INFORMATION THAT I AM PROVIDING TO THE PUBLIC OR TO ANY OTHER PERSON OR ENTITY. I AM NOT PROVIDING ANY INFORMATION THAT I AM PROVIDING TO THE PUBLIC OR TO ANY OTHER PERSON OR ENTITY.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

907	770-3700	08	10	09
AREA CODE	NUMBER	YEAR	MO	DAY

RIG NOT ON LOCATION

EPA Form 3320-1 (10-96)

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

(17-18)
003
DISCHARGE NUMBER

RIOD			
EAB	MO	DAY	

FROM	08	09	01	TO	08	09	30
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☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	<div style="text-align: center;">X</div>	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (48-53)			UNITS	NO. EX.	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE (54-61)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (48-53)	MAXIMUM (54-61)							
SANITARY WASTES - FECAL COLIFORM BACTERIA	SAMPLE MEASUREMENT							colon / 100 mL		ONCE / MONTH	GRAB		
	PERMIT REQUIREMENT												
SANITARY WASTES - TOTAL RESIDUAL CHLORINE	SAMPLE MEASUREMENT							mg/L		ONCE / WEEK	GRAB		
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
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	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE		DATE	
VINCENT C. ROES										907-770-3700		08 10 09	
SUPT.-EP AMER.-SEPCO										AREA CODE NUMBER		YEAR MO DAY	
TYPED OR PRINTED													

EPA Form 3320-1 (10-96)

PAGE OF

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-08

(17-19)
004
DISCHARGE NUMBER

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NOTE: Read Instructions before completing this form

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

[x] Check here if No Discharge
NOTE: Read Instructions before use

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
DOMESTIC WASTES - FLOATING SOLIDS, GARBAGE, OR FOAM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			DAILY	VIS
DOMESTIC WASTES - FLOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	MGD						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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VINCENT C. ROES		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
SUPT. - EP AMER. - SEPCO		907 770-3700									
TYPED OR PRINTED		AREA CODE NUMBER YEAR MO DAY									

RIG NOT ON LOCATION

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION
FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
PERMIT NUMBER AKG280003
DISCHARGE NUMBER 005

Form Approved
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30

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PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (32-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
DESALINATION UNIT - FREE OIL	SAMPLE MEASUREMENT								ONCE/ DISCH	VIS
	PERMIT REQUIREMENT						REPORT MO TOTAL			
DESALINATION UNIT - FREE OIL	SAMPLE MEASUREMENT								ONCE/ DISCH	SS
	PERMIT REQUIREMENT						REPORT MO TOTAL			
DESALINATION UNIT - TOTAL VOLUME	SAMPLE MEASUREMENT								ONCE/ MONTH	EST
	PERMIT REQUIREMENT		REPORT	GALS						
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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EPA Form 3320-1 (10-96)										

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

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OMB No. 2040-0004


006
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	01	TO	08	09	30

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(20-21) (22-23) (24-25)	(26-27) (28-29) (30-31)
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PARAMETER (32-37)	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(3 Card Only) (46-53) AVERAGE	(64-67) MAXIMUM	UNITS	(4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(64-67) MAXIMUM				
BLOWOUT PREVENTER FLUID - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	VIS
	SAMPLE MEASUREMENT										
BLOWOUT PREVENTER FLUID - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						REPORT MO TOTAL			ONCE/ DISCH	SS
	SAMPLE MEASUREMENT										
BLOWOUT PREVENTER FLUID - TOTAL VOLUME	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		REPORT	GALS						ONCE/ MONTH	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED BY ME OR UNDER MY SUPERVISION AND IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE AND ACCURATE. I AM NOT PROVIDING ANY INFORMATION THAT I KNOW OR BELIEVE TO BE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)									
VINCENT C. ROES											
SUPT. - EP AMER. - SEPCO											
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
907 770-3700		AREA CODE NUMBER YEAR MO DAY									
TELEPHONE		DATE									

RIG NOT ON LOCATION

PAGE OF

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.

ADDRESS 3601 C STREET

SUITE 1314

ANCHORAGE, AK 99503

FACILITY LOCATION FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

AKG280003

PERMIT NUMBER

007

DISCHARGE NUMBER

MONITORING PERIOD

FROM 08 09 01 TO 08 09 30

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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Form Approved. OMB No. 2040-0004 Approval expires 05-31-98

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
BOILER BLOWDOWN - FREE OIL	SAMPLE MEASUREMENT								REPORT MO TOTAL	ONCE/ DISCH	VIS
BOILER BLOWDOWN - FREE OIL	PERMIT REQUIREMENT										
BOILER BLOWDOWN - FREE OIL	SAMPLE MEASUREMENT								REPORT MO TOTAL	ONCE/ DISCH	SS
BOILER BLOWDOWN - FREE OIL	PERMIT REQUIREMENT										
BOILER BLOWDOWN - TOTAL VOLUME	SAMPLE MEASUREMENT									ONCE/ MONTH	EST
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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VINCENT C. ROES	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
SUPT. - EP AMER. - SEPCO	907 770-3700 08 10 09										
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)					
FIRE CONTROL SYSTEM TEST WATER - FREE OIL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					REPORT MO TOTAL				ONCE/ DISCH	VIS
	SAMPLE MEASUREMENT										
FIRE CONTROL SYSTEM TEST WATER - FREE OIL	PERMIT REQUIREMENT					REPORT MO TOTAL				ONCE/ DISCH	SS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
FIRE CONTROL SYSTEM TEST WATER - TOTAL VOLUME	SAMPLE MEASUREMENT									ONCE/ MONTH	EST
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)
AKG280003
PERMIT NUMBER

009
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MONITORING PERIOD									
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		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
NON-CONTACT COOLING WATER - FREE OIL	SAMPLE MEASUREMENT								ONCE/DISCH	VLS
	PERMIT REQUIREMENT									
NON-CONTACT COOLING WATER - FREE OIL	SAMPLE MEASUREMENT								ONCE/DISCH	SS
	PERMIT REQUIREMENT									
NON-CONTACT COOLING WATER - TOTAL VOLUME	SAMPLE MEASUREMENT								ONCE/MONTH	EST
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION
FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) AKG280003
PERMIT NUMBER
(17-19) 010
DISCHARGE NUMBER

Form Approved
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD									
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
FROM 08	09	01	TO 08	09	30				

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (48-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
UNCONTAMINATED BALLAST WATER - FREE OIL	SAMPLE MEASUREMENT								ONCE/ DISCH	VIS
	PERMIT REQUIREMENT									
UNCONTAMINATED BALLAST WATER - FREE OIL	SAMPLE MEASUREMENT								ONCE/ DISCH	SS
	PERMIT REQUIREMENT									
UNCONTAMINATED BALLAST WATER - TOTAL VOLUME	SAMPLE MEASUREMENT								ONCE/ MONTH	EST
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THE ACCURACY AND COMPLETENESS OF THE INFORMATION REPORTED HEREON. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING FINE AND/OR IMPRISONMENT UNDER THE FEDERAL WATER POLLUTION CONTROL ACT (U.S.C. 1001 AND 38 U.S.C. 1318). Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.									
VINCENT C. ROES	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
SUPT. - EP AMER. - SEPCO	907 770-3700 08 10 09									
TYPED OR PRINTED	TELEPHONE DATE									

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION

Form Approved.
OMB No. 2040-0004

DISCHARGE NUMBER	011
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MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	01	TO	08	09	30

are completing this form

(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)
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PARAMETER (32-37)	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE (48-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)							
											UNITS			
BILGE WATER - FREE OIL	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT								ONCE/ DISCH	VIS				
BILGE WATER - FREE OIL	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT					REPORT MO TOTAL			ONCE/ DISCH	SS				
BILGE WATER - TOTAL VOLUME	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT		REPORT	GALS					ONCE/ MONTH	EST				
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE ACT AND ALL APPLICABLE REGULATIONS. I AM A PERSONNEL PROBABLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM NOT PROVIDING ANY INFORMATION THAT IS UNLAWFUL TO DISCLOSE, INCLUDING INFORMATION THAT IS EXEMPT FROM DISCLOSURE UNDER THE FREEDOM OF INFORMATION ACT, 5 U.S.C. § 552, OR ANY OTHER FEDERAL LAW, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							TELEPHONE		DATE			
VINCENT C. ROES		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							907 770-3700		08	10	09	
SUPT.-EP AMER.-SEPCO									AREA CODE		NUMBER	YEAR	MO	DAY
TYPED OR PRINTED														

EPA Form 3320-1 (10-96)

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OMB No. 2040-0004
Approval expires 05-31-08


(1/-19)
012
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		TO	YEAR	MO DAY
08	09	01			08	09 30

☒ Check here if No Discharge

NOTE: Read Instructions before completing this form

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(3 Card Only) (46-53)		UNITS	(4 Card Only) (38-45)		UNITS			
		AVERAGE (46-53)	MAXIMUM (54-61)		MINIMUM (38-45)	AVERAGE (46-63)				
EXCESS CEMENT SLURRY - FREE OIL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					REPORT MO TOTAL			ONCE/ DISCH	VIS
EXCESS CEMENT SLURRY - FREE OIL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT					REPORT MO TOTAL			ONCE/ DISCH	SS
EXCESS CEMENT SLURRY - TOTAL VOLUME	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT		REPORT	GALS					ONCE/ MONTH	EST
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY, UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)								
VINCENT C. ROES		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 								
SUPT.-EP AMER.-SEPCO										
TYPED OR PRINTED		TELEPHONE 907 770-3700 DATE 08 10 09								

RIG NOT ON LOCATION

PAGE OF

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME SHELL OFFSHORE INC.
ADDRESS 3601 C STREET
SUITE 1314
ANCHORAGE, AK 99503

FACILITY LOCATION
FLAXMAN ISLAND 6658

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

AKG280003
PERMIT NUMBER
013
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 08 09 01 TO 08 09 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

☒ Check here if No Discharge

NOTE: Read instructions before completing this form

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
MUDS, CUTTINGS, & CEMENT AT THE SEAFLOOR - FREE OIL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								ONCE/ DISCH	VIS
MUDS, CUTTINGS, & CEMENT AT THE SEAFLOOR - FREE OIL	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT								ONCE/ DISCH	SS
MUDS, CUTTINGS, & CEMENT AT THE SEAFLOOR - TOTAL VOLUME	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT		REPORT	GALS					ONCE/ MONTH	EST
	SAMPLE MEASUREMENT									
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	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE NPDES DISCHARGE MONITORING REPORT (DMR) AND THE INFORMATION SUBMITTED HEREON IS TRUE AND CORRECT. I AM A PERSON WHO MANAGES THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR PROVIDING FALSE INFORMATION. SEE 40 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)								
VINCENT C. ROES SUPT. - EP AMER. - SEPCO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
TYPED OR PRINTED		TELEPHONE								
		907 770-3700								
		DATE								
		08 10 09								

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

RIG NOT ON LOCATION